

is to be found in the constant exposure of its members to the infection rather than always due to any essential peculiarities of the soil. I do not wish you to understand that I do not consider heredity a factor—I do, but I consider constant exposure to infection a more important one. Another factor of very great importance is improper ventilation of houses, or lack of fresh air. Our houses are fitted with double windows and storm doors and for 5 or 6 months in the year many live hermetically sealed up, if I may so express it. This lack of fresh air develops anaemia, headaches, and general lassitude, and affords certainly a fairly ideal condition of body on which to develop Tuberculosis and if such individuals are exposed to infection, say by the presence of a consumptive, the liability to infection must be great. It is when we add overcrowding to poor ventilation that we have the main factor in causing so many deaths from tubercular disease amongst factory operatives, shop girls, etc. Amongst other causes which depress the vitality and render the body susceptible are exposure to cold and to dampness—particularly damp dwellings. Last on the list of predisposing causes I would place lack of suitable food or insufficient food. This cause is not so extensively operative here as it is in large centres of population. It is quite impossible for me to take up individual causes of susceptibility so the class causes already enumerated must suffice.

We have then in the etiology of Tuberculosis two factors to consider—one is the infectivity of the disease by its causal agent the tubercle bacillus, mainly by house infection, and second the necessity for a predisposition which may be natural to the individual by hereditary tissue peculiarities or acquired under conditions which tend to depress the body vitality.

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